

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/077005 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		1				
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TOTAL IND.	1		1		1	
TOTAL DEP.		21		30		
TOTAL CLAIMS	1	21	1	30	1	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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